

1. ORGANIZATION CODE	2. NAME(S) (Last) (First) (M.I.)			3. PAY PLAN	4. SERIES	5. GRADE	6. REVISED WORK SCHEDULE (Specify the hours of each workday in the assigned workweek)	7. PERIOD COVERED. If indefinite, specify. FROM: (MM/DD/YY) TO: (MM/DD/YY)

(Type Name)	Initials	Date	JUSTIFICATION:
SUPERVISOR: _____			
DIVISION CHIEF: _____			
DIRECTOR OF: _____			
DIRECTOR OF HUMAN RESOURCES: _____			